

## Diabetes and Interprofessional Care

James Kundart

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## From the Editor

### Issue Focus:

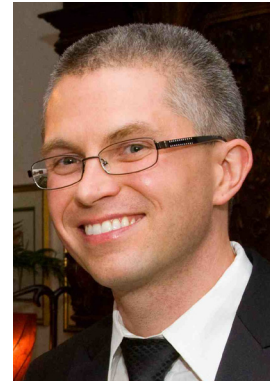
# Diabetes and Interprofessional Care

Paula Deen, the American cooking show host and restaurateur, just announced in January of 2012 that she has diabetes. It turns out that the inventor of the doughnut burger has had Type 2 (insulin-resistant) diabetes diagnoses for three years previous to her announcement. But we shouldn't be too hard on Deen. After all, she is a reflection of society at large, not just in the southern United States, but worldwide.

Indeed, the World Health Organization has declared a worldwide epidemic of diabetes. The most populous nations, China and India, are second and first in absolute numbers of diabetics today. But the U.S. is in third place, making up the highest per capita rate in the world, approaching 10% of our population.<sup>1</sup>

The most accomplished physician of antiquity, Galen, recorded only two cases of diabetes mellitus, so named because the loss of glucose in the urine attracted ants like honey. Surely, before insulin or other treatments for

**James Kundart OD, MEd, FAAO**  
*Editor-in-Chief*



any type of diabetes, these unfortunate patients did not enjoy the life expectancy they do now. But as of 2008, 35% of adults in the U.S., age 20 or older, have pre-diabetes, according to the Centers of Disease Control and Prevention.<sup>2</sup>

Diabetes is one of the most significant causes of morbidity and mortality, especially in the developed world. It is a major cause of heart attack and stroke, is the second-leading cause of blindness (after macular degeneration), and causes kidney failure. Diabetes literally causes loss of life and limb.

In this special issue of *Health and Interprofessional Practice*, we focus on diabetes. As with other chronic diseases with systemic co-morbidities, diabetes is especially suited for an interprofessional approach to patient care. Accordingly, the growing numbers of patients with diabetes necessitates an equally significant number of health professionals who are trained to work effectively in an interprofessional care setting. Because of this need, it is somehow appropriate that all of the original articles in this issue have been published in our **Educational Strategies** section.

*Editor's Note:* Beginning with this issue, we will start exploring a continuous publication model. This means that, as soon as an article has been reviewed, revised and accepted for publication, it will be published—without waiting for an entire issue to be ready. Then, at certain times during the year, we will archive the articles published to that point into issues. We believe this model benefits both authors and readers, and is commonplace in online publishing.

The current issue represents a hybrid approach; we are publishing the bulk of the issue simultaneously, but expect to add at least one or two articles to it in the coming weeks—so check back to see what's new!

We created the Educational Strategies section specifically for the purpose of sharing experiences, best practices, ideas, and pedagogical approaches that may be of great value to other educators, but that might not utilize a rigorous research methodology in their approach to exploring the educational process. These submissions may not contribute generalizable knowledge in the same way as do carefully-controlled studies, but they contribute useful knowledge—knowledge that we hope will be used to help shape, inform, and improve interprofessional education. Along with these peer-reviewed submissions, we are also pleased to present a substantial interprofessional commentary on diabetes care and reviews of two books on diabetes.

The Educational Strategies articles in this issue are devoted both to general interprofessional education and specifically to interprofessional education in diabetes care. In papers not specifically about diabetes, Blue & Zoller examine students' attitudes towards co-curricular education, while Karimi et. al. evaluate an interprofessional education program. On the diabetes front, Luplow explores the process of an interprofessional diabetes and wellness clinic.

In the commentary on collaborative practice for diabetic patients, the combined efforts of a patient advocate, a naturopathic physician, a foot and ankle surgeon, and a nurse practitioner, and anesthetist walk us through three fictitious, but realistic, case reports.

Also in this issue, we are joined by Dr. Ericha Clare, a new associate editor for book and electronic resource reviews. She presents two monographs written by MDs who believe diabetes can be reversed, if not cured, using clinical nutrition. This is controversial because of the assumption that diabetes has no cure, but the authors make it clear that this is based on the assumption that patients will not be interested in changing their dietary habits.

It is my hope that there is something in this issue for everyone, so that we all can better treat our patients with diabetes.

1. <http://www.who.int/mediacentre/factsheets/fs312/en/>
2. [http://www.cdc.gov/diabetes/pubs/pdf/ndfs\\_2011.pdf](http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf)

### Contact the Editor

James Kundart OD, MEd, FAAO  
Associate Professor

College of Optometry  
Pacific University  
2043 College Way  
Forest Grove, OR 97116

[kundart@pacificu.edu](mailto:kundart@pacificu.edu)